

No. 2  
-13-40  
-17-39  
I X23159

STANDARD CERTIFICATE OF DEATH

State File No. 3074  
Registrar's No. 2

**MADE** FEB 17 1941

Registration District No. 427 Primary Registration District No. 42333

1. PLACE OF DEATH:  
(a) County Johnson  
(b) City or town Holden Madison  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 60 years years, months or days

3. (a) PRINT FULL NAME Roscoe Conklin Six  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Carrie Forest Six 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased September 15 1880 (Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Holden Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business \_\_\_\_\_

12. Name A. D. Six

13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Sarah Smithen

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Carrie F. Six

(b) Address Holden Mo.

17. (a) Burial (b) Date thereof Jan 14-1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden Cemetery

18. (a) Signature of funeral director W. J. Goodman

(b) Address Holden Mo.

19. (a) 1/14/41 (b) Mrs H. P. Redford (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Johnson  
(c) City or town Holden (If outside city or town limits, write "RURAL")  
(d) Street No. South Olive (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1941 hour 3:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 2 \_\_\_\_\_, 1941, to Jan 12 \_\_\_\_\_, 1941;  
that I last saw him alive on Jan 11 \_\_\_\_\_, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Brochiectasis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Inanition (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(e) While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Kelly Rawlins (M. D. or other) D

Address Holden Mo Date signed 1/13/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

110

5

RECEIVED  
District Health Officer No. 8,  
District File Number  
9-12-11  
Date Filed

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....  
*M. Goodman*

Licensed Embalmer No. *2424*

P. O. Address.....  
*Holden Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**